

GENERAL FACT SHEET

BILL NUMBER

11-54

BRIEF TITLE

APPROVED DEADLINE

REASON

Amending Section of

the Lincoln Municipal Code

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Request for an ordinance to amend Section 2.76.380 of the Lincoln Municipal Code - Sick Leave with Pay.</p> <p>Changes for part-time ^{and} unrepresented employees to coincide with CIR order for 'N' and 'X' range employees. Changes to be retroactively effective August 19, 2010.</p>	Sponsor	Personnel Department
	Program Departments, or Groups Affected	All City Departments
	Applicants/ Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY Personnel Board <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS
POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES 		
	OPERATIONAL IMPACT ASSESSMENT	 		
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$		
		RELATED annual operating Costs \$		
		INCREASE REVENUE EXPECTED/YEAR \$		
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %		
		NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %		
		BENEFIT COST		
		<input type="checkbox"/> Front Foot Average Assessment		
<input type="checkbox"/> Square Foot \$ _____ \$ _____				

APPLICABLE DATES: May 2, 2011

FACT SHEET PREPARED BY: Mark Koller

REVIEW BY:

REFERENCE NUMBER